

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-26-2004 90552 008 ****61.25

DOCUMENT # N03000005693					
1. Entity Name BRIGANTINE PLACE CONDOMINIUM ASSOCIATION OF PENSACOLA, INC.					
Principal Place of Business 3298 SUMMIT BLVD, #18 PENSACOLA, FL 32503-4350			Mailing Address 3298 SUMMIT BLVD, #18 PENSACOLA, FL 32503-4350		
2. Principal Place of Business 3298 Summit Blvd. Suite, Apt. #, etc. Ste 4 City & State Pensacola, FL Zip 32503 Country US		3. Mailing Address 3298 Summit Blvd. Suite, Apt. #, etc. Ste 4 City & State Pensacola, FL Zip 32503 Country US		66420458 	
4. FEI Number 57-1193228				01122004 Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CAMPUS, JOSEPH J III 3298 SUMMIT BLVD, #18 PENSACOLA, FL 32503-4350			7. Name and Address of New Registered Agent Name Etheridge, Ray O Street Address (P.O. Box Number is Not Acceptable) 3298 Summit Blvd. Ste 4 City Pensacola FL Zip Code 32503		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE <u>Apr 23, 2004</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☐ Delete TUTTLE, RONALD G 3298 SUMMIT BLVD, #18 PENSACOLA, FL 325034350				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ☐ Delete FRANZ, JON 3298 SUMMIT BLVD, #18 PENSACOLA, FL 325034350				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ☒ Delete WEEKS, PAUL 3298 SUMMIT BLVD, #18 PENSACOLA, FL 325034350				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ☐ Change ☒ Addition Graves, Bob 3298 Summit Blvd Ste 18 Pensacola, FL 32503				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>4/23/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					